

Student Name: _____ Evaluation Report Date: _____

RTI SUMMARY REPORT FOR LD CRITERIA CHECKLIST

UNIVERSAL SCREENING INFORMATION

Screening Date(s)	Method	Student's Performance	Grade Level Minimum Proficiency

PROGRESS MONITORING DATA

Date(s) Administered	Assessment Tool(s)	Student's Performance	Grade Level Minimum Proficiency

SUMMARY OF TEAM MEETINGS

(Data team, grade-level team, subject-area team, RTI team meetings, etc.)

Meeting Date	Student Need	Decisions

SCIENTIFIC RESEARCH-BASED INTERVENTION

[Describe two or more interventions that are matched to the student's need, including the intensity (i.e., time per session), frequency (i.e., number of sessions per week), and duration (i.e., length of interventions)]

Area of Need	Intervention:		
<input type="checkbox"/> basic reading skills <input type="checkbox"/> oral expression <input type="checkbox"/> reading comprehension <input type="checkbox"/> written expression <input type="checkbox"/> reading fluency skills <input type="checkbox"/> mathematics calculation <input type="checkbox"/> listening comprehension <input type="checkbox"/> mathematics problem solving			
	Intensity	Frequency	Duration

Results:

Area of Need <input type="checkbox"/> basic reading skills <input type="checkbox"/> oral expression <input type="checkbox"/> reading comprehension <input type="checkbox"/> written expression <input type="checkbox"/> reading fluency skills <input type="checkbox"/> mathematics calculation <input type="checkbox"/> listening comprehension <input type="checkbox"/> mathematics problem solving		Intervention:		
		Intensity	Frequency	Duration

Results:

Area of Need <input type="checkbox"/> basic reading skills <input type="checkbox"/> oral expression <input type="checkbox"/> reading comprehension <input type="checkbox"/> written expression <input type="checkbox"/> reading fluency skills <input type="checkbox"/> mathematics calculation <input type="checkbox"/> listening comprehension <input type="checkbox"/> mathematics problem solving		Intervention:		
		Intensity	Frequency	Duration

Results:

FIDELITY OF INTERVENTION

(Documentation of the effective delivery of the instruction and/or implementation of interventions)

Fidelity Check Date	Evaluator	Instruction/Intervention Observed

☐ Interventions were delivered as designed.

PARENTAL INPUT

Date(s) School Requested Parental Input: _____

Means by Which Input was Requested: _____

Parental Input Regarding Identification of Student Needs: _____

- ☐ The student is making sufficient response to scientific, research based interventions.
- ☐ The student is not making sufficient response to scientific, research based interventions.
- ☐ The student is making sufficient response to scientific, research based interventions and the interventions required to sustain this response can only be provided through special education services.